

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90012 005 \*\*\*\*61.25



**DOCUMENT # N40329**  
 1. Entity Name  
**LANSING RIDGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 P. O. BOX 361172 P O BOX 361172  
 MELBOURNE FL 32936-1172 MELBOURN, FL  
 US MELBOURNE FL 32936-1172  
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-3065278** Applied For  
 No: Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KISS, EUGENE A.**  
**2108 APPALACHIAN DR.**  
**SUITE 1000**  
**MELBOURNE FL 32935**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the Florida Department of State Registered Agent signature required when registering DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	S	<input type="checkbox"/> Delete
NAME	CURRY, JANIS	
STREET ADDRESS	2039 BLUE RIDGE AVE	
CITY- ST- ZIP	MELBOURNE FL 32935	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FERNANDEZ, LUANA	
STREET ADDRESS	2550 GRAND TETON BLVD	
CITY- ST- ZIP	MELBOURNE FL 32935	
TITLE	IV	<input type="checkbox"/> Delete
NAME	BATTLE, GLORIA	
STREET ADDRESS	2135 ROYAL DOINCIANA BLVD	
CITY- ST- ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROND, PHILIP	
STREET ADDRESS	2382 APPALACHIAN DR	
CITY- ST- ZIP	MELBOURN FL 32935	
TITLE	P	<input type="checkbox"/> Delete
NAME	KISS, EUGENE A	
STREET ADDRESS	2108 APPALACHIAN	
CITY- ST- ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, JOHN	
STREET ADDRESS	2131 APALACHIAN DRIVE	
CITY- ST- ZIP	MELBOURNE FL 32935	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBIN VENEZIANO</b>	
STREET ADDRESS	<b>2039 BLUE RIDGE AVE.</b>	
CITY- ST- ZIP	<b>MELBOURNE, FL. 32935</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATT PHENIK</b>	
STREET ADDRESS	<b>2440 GRAND TETON BLVD.</b>	
CITY- ST- ZIP	<b>MELBOURNE, FL. 32935</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eugene A. Kiss* **EUGENE A. KISS** 1-22-08 361-254-7311